

WEMMH PTO/SB/22 (7/05)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)																								
FY 2005		4002-3479																								
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>																										
Application Number	10/775,388	Filed February 10, 2004																								
For	MULTI-AXIAL BONE ANCHOR SYSTEM																									
Art Unit	3738	Examiner B. Snow																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]</td> <td>\$120</td> <td>\$60</td> <td>\$ <u>120</u></td> </tr> <tr> <td><input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]</td> <td>\$450</td> <td>\$225</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]</td> <td>\$1020</td> <td>\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]</td> <td>\$1590</td> <td>\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]</td> <td>\$2160</td> <td>\$1080</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> Applicant/inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>41,642</u></p> <p><input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>41,642</u></p> <p>_____ Signature</p> <p>_____ Date</p> <p>_____ Typed or Printed Name</p> <p>_____ Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>				Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ <u>120</u>	<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____	<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____
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<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____																							

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